

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILED DATE
10/553450	
APPLICANT	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.							TOTAL NO.						
TOTAL OCT.			↓			↓							
TOTAL CLAIMS			←			←							